

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10		2					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		2					66						
17		1					67						
18		1					68						
19		2					69						
20		2					70						
21		2					71						
22		3					72						
23		3					73						
24		3					74						
25	1						75						
26		1					76						
27		2					77						
28	1						78						
29	1						79						
30	1						80						
31		3					81						
32		3					82						
33		3					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	45	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	52						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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